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PTO/SB/21 (05-03)

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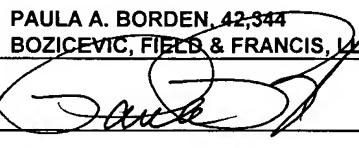
(to be used for all correspondence after initial filing)

		Application Number	10/588,573
		Filing Date	October 17, 2006
		First Named Inventor	RAZ, EYAL
		Group Art Unit	1632
		Examiner Name	
Total Number of Pages in This Submission	3 pages	Attorney Docket Number	UCSD-314

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO/SB/08a 2 References Return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Signing Attorney/Agent (Reg. No.)	PAULA A. BORDEN, 42,344 BOZICEVIC, FIELD & FRANCIS, LLP
Signature	
Date	February 16, 2007

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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INFORMATION DISCLOSURE STATEMENT  Address to: Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket	UCSD-314
	First Named Inventor	RAZ, EYAL
	Application Number	10/588,573
	Confirmation No.	8303
	Filing Date	October 17, 2006
	Group Art Unit	1632
	Examiner Name	
	Title: "METHODS OF TREATING IRRITABLE BOWEL SYNDROME"	

Dear Examiner

This is an Information Disclosure Statement submitted for the Examiner's consideration. A Form PTO-SB/08A listing the references and copies of the cited references accompany this paper. Applicants would appreciate the Examiner's initialing and returning the form to indicate that the references have been reviewed and made of record.

This Information Disclosure Statement under 37 C.F.R. §1.97 is not to be construed as a representation that: (i) a search has been made, (ii) additional information material to the examination of this application does not exist, (iii) the information, protocols, results and the like reported by third parties are accurate or enabling or (iv) any one of the above references constitutes prior art to the present application.

As applicants have not yet received a first Action on the merits, no fee is believed to be required for filing this Disclosure Statement. However, if it is determined that fees are required in connection with the filing of this document, the Commissioner is hereby authorized to charge any necessary fees, or alternatively, credit any overpayment to our Deposit Account No. 50-0815, Order No. UCSD-314.

Respectfully submitted,

BOZICEVIC, FIELD & FRANCIS LLP

By: 

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		<p><i>Complete if Known</i></p>	
		Application Number	10/588,573
		Filing Date	October 17, 2006
		First Named Inventor	RAZ, EYAL
		Art Unit	1632
		Examiner Name	
Sheet	1	of	1
		Attorney Docket Number	UCSD-314

NON PATENT LITERATURE DOCUMENTS

Examiner Signature		Date Considered	
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***EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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